

10-21-04

EXPRESS MAIL NO. EV 449563263US

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Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

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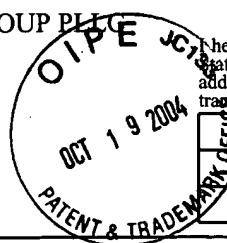
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SEED INTELLECTUAL PROPERTY LAW GROUP PLLC  
 701 FIFTH AVE  
 SUITE 6300  
 SEATTLE, WA 98104-7092

Stephen J. Rosenman, Ph.D.



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/527,376	03/16/2000	Ralf M. Luche	200125.407	2363

TITLE OF INVENTION: DSP-2 DUAL-SPECIFICITY PHOSPHATASE

10/22/2004 MBERHE1 00000009 09527376

01 FC:2501 685.00 DP  
02 FC:8001 9.00 UP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 * 685.	\$0	\$665 * 685.	10/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SLOBODYANSKY, ELIZABETH	1652	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Seed IP Law Group PLLC

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CEPTYR, Inc.

Bothell, WA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 3

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)

10/19/04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 694)

Complete If Known	
Application Number	09/527,376
Filing Date	March 16, 2000
First Named Inventor	Ralf M. Luche
Date of Allowance	July 19, 2004
Art Unit	1652
Attorney Docket No.	200125.407

METHOD OF PAYMENT																																																																									
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																									
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<b>The Director Is authorized to (check all that apply)</b> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.																																																																									
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